



Form CTL-1 Cigarette Vending Machine Location List

Rev. 3/03

Massachusetts
Department of
Revenue

Name of vending machine operator

Federal Identification or Social Security number

Street address

State

Zip

Number of locations (from Form CTL, line 17h)

This list must be filed with Form CTL, Application for All Cigarette Licenses, or at any time the Massachusetts Department of Revenue requests an updated listing. Complete information must be provided below for each cigarette vending machine on location. Send this list with Form CTL to: **Massachusetts Department of Revenue, Cigarette Excise Unit, PO Box 7004, Boston MA 02204.**

Location of vending machine

Name	Street address	City/Town
1.		
2.		
3.		
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